PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004 | | | | | | | | | 10/57/0/6 | | | |
|----------------------------|---|---|---------------|--------------|------------------------------|------------------|-------|---------------------|--------------------------|----------------------------|-----------------------------|------------------------|
| | | CLAIMS A | S FILED - | | | | | SMALL ENTITY TYPE | | OTHER THAN OR SMALL ENTITY | | |
| U.S. | NATIONAL S | STAGE FEES | | | | | | RATE | FEE | | RATE | FEE |
| BASIC FEE | | | | | | | | BASIC FEE | | OR | BASIC FEE | 300 |
| EXAMINATION FEE | | | | | | | 1 | EXAM. FEE | | | EXAM. FEE | 200 |
| SEARCH FEE | | | | - | | | | SEARCH FEE | | | SEARCH FEE | 400 |
| FEE FOR EXTRA SPEC. PGS. | | | minus 100 = | | / 50 = | | | X \$ 125 = | | | X \$ 250 = | |
| TOTAL CHARGEABLE CLAIMS | | | 19 minus 20 = | | * | | 1 | X \$ 25 = | | OR | X \$ 50 = | |
| INDEPENDENT CLAIMS | | | # minus 3 = | | * / | | 1 | X \$ 100 = | | OR | X \$ 200 = | 200 |
| MULT | IPLE DEPENI | DENT CLAIM PRE | ESENT | | | | 1 | + \$ 180 = | | OR | + \$ 360 = | |
| * If th | ne difference | in column 1 is | o, enter " | o" in co | lumn 2 | - | TOTAL | | OR | TOTAL | 1100 | |
| | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY. | |
| A TA | - | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | BER OUSLY FOR | PRESENT TEXTRA | | RATE | - ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT = | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMEN | independent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. FFF | | OR | TOTAL ADDIT. FFF | |
| | | (Column 1) | | (Colu | mn 2) | (Column 3) | | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | - | NUM PREVI | IEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| DME | Total | * | Minus | ** | | = | | X \$ 25 = | | OR | X \$ 50 = | |
| AMENDM | ndependent | * | Minus | *** | | = | | X \$ 100 = | | OR | X \$ 200 = | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | + \$ 180 = | | OR | + \$ 360 = | |
| | | | | | | | | TOTAL ADDIT. | | OR | TOTAL ADDIT. | |